THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The Central Govt. Hospitals in Delhi in which CGHS beneficiaries are treated separately are:—

1. Safdarjung Hospital

2. Dr. R.M.L. Hospital

(b) and (c) The CGHS beneficiaries with basic pay of Rs. 12,000/- + DP, *i.e.* Rs. 18,000/- and above can consult the doctor in the above two hospitals directly after taking appointment. Other patients are referred by the concerned dispensaries, but no patient is refused by the doctor in the hospitals even he/she comes without referral.

(d) In view of reply to parts (b) & (c) the question does not arise.

Burden Disease Study By ICMR

2358. SHRI THANGA TAMIL SELVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Indian Council of Medical Research had conducted a study known as Burden Disease Study;

(b) is so, the details thereof; and

(c) the steps taken to prevent the burden disease projection of the study?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The Indian Council of Medical Research (ICMR) supported by world Helath Organization (WHO) undertook a study on assessment of Burden of Non-Communicable Diseases (NCDs) using secondary data in 2003-04. The study utilized the existing prevalence/incidence estimates and employed the Global Disease Burden to arrive at disease burden indices of major non-communicable diseases like cancer, stroke, ischemic heart disease, diabetes and risk factors i.e. use of tobacco and hypertension.

Details of burden of disease indices estimate for Ischemic Heart Disease (IHD), stroke, diabetes and cancer during the year 2004 are given in table No. 1 and 2 respectively:

Table 1. Burden of disease indice estimates for IHD, Stroke, Diabetes and Cancer (2004)

Disease	No. of cases (in millions)	No. of deaths (in millions)	Days lost (in millions)
IHD	22.4	0.55	16.0
Stroke	0.93	0.64	6.4
Diabetes	37.8	0.1	2.3
Cancer	0.82	0.26	5.9

Table 2. Attributable risk for NCDs due to hypertension and tobacco use

NCDs	%Attributable Risk	
	Due to Hypertension	Due to tobacco use
IHD	16.0	14.8
Cataract	18.0	35.9
AMI*	24.0	48.0
Stroke	29.0	22.1

* Acute Myocardial Infraction

(c) The findings of the study have shown that it is imperative to improve the existing system of data collection and analysis of major NCDs. In this direction the ICMR had undertaken NCD surveillance in six centres to establish risk factor surveillance mechanism in the country through sentinel centres. Regional workshops for NCD prevention and control have been held at five centres to create an awareness of growing NCDs and develop strategic policies to reduce the burden. A multicentric Task Force project for developing improved mechanism for mortality data collection was also undertaken by the Council during 2003-05.

Negotiations with World Bank for funding of RCH-I Project

2359. SHRIMATI N.P. DURGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Reproductive and Child Health-I Project which is an